STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155508	A. BUILDING 01 B. WING	06/29/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TRANSCENDENT HEALTHCARE OF BOONVILLE, LLC	725 SOUTH SECOND ST BOONVILLE, IN47601

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K0000	A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 06/29/11 Facility Number: 000451 Provider Number: 155508 AIM Number: 100266240 Surveyor: Lex Brashear, Life Safety Code Specialist At this Life Safety Code survey, Transcendent Healthcare of Boonville, LLC. was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility with a basement was determined to be of	K0000	By submitting the enclosed material we are not admitting the truth or accuracy of any specific findings or allegations. We reserve the right to contest the findings or allegations as part of any proceedings and submit these responses pursuant to our regulatory obligations. The facility requests that the plan of correction be considered our allegation of compliance effective July 29, 2011 to the Life Safety Code Recertification Survey conducted on June 29, 2011	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection on both levels including the corridors and spaces open to the corridors. The facility has a capacity of 88 and had a census of 69 at the time of this survey. Quality Review by Robert Booher, REHS, Life Safety Code Specialist-Medical Surveyor on 06/30/11. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:			
K0050 SS=F	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 Based on record review and interview, the facility failed to provide quarterly fire drill documentation for 1 of 3 shifts during 1 of 4 quarters. This	K0050	**K050 It is the practice of Transcendent Healthcare of Boonville to assure that fire drills are conducted at least quarterly on each shift. *The correction action taken for those residents found to be***	07/29/2011

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	deficient practice could affect all residents in the facility. Findings include: Based on review of the facility's Fire Drills book on 06/29/11 at 11:15 a.m. with the Maintenance Supervisor present, the facility conducted twelve fire drills since June of 2010, however, they lacked written documentation a fire drill was conducted during the second (evening) shift of the fourth quarter (October, November, and December) of 2011. This was acknowledged by the Maintenance Supervisor at the time of record review. 3.1-19(b)		***affected by the deficient practice include:*** There are no specific residents identified. Please see under systems implemented to assure compliance with this tag. ***Other residents that have the potential to be affected have been identified by:*** Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag. ***The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:*** A fire drill has been conducted for each shift per quarter in 2011. The fire drills are scheduled per the preventive maintenance schedule to be held each shift quarterly. The maintenance Director has been in- serviced related to the following of the preventive maintenance plan ***The corrective action taken to monitor performance to assure compliance through quality assurance is:*** The fire drills will be monitored as part of the preventive maintenance review at the quarterly QA meetings. The Maintenance Director, or designee, will be responsible for assuring that the fire drills are completed in accordance with the schedule. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive	

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			maintenance documentation quarterly for compliance. ***The date the systemic changes will be completed:*** July 29, 2011	
K0130 SS=F	OTHER LSC DEFICIENCY NOT ON 2786 Based on observation, record review and interview; the facility failed to ensure 2 of 2 fuel fired boilers and 4 of 4 fuel fired water heaters had inspection certificates which were current to ensure the boilers and water heaters were in safe operating condition. NFPA 101 in 19.1.1.3 requires all health facilities to be maintained and operated to minimize the possibility of a fire emergency requiring the evacuation of occupants. This deficient practice could affect all residents, as well as staff and visitors in the facility. Findings include: Based on observations on 06/29/11 between 9:45 a.m. and 1:00 p.m. during a tour of the facility with the Maintenance Supervisor, the inspection certificates located next to the two fuel fired boilers and four fuel fired water heaters had expiration dates of 12/13/07. During an	K0130	**K130 It is the practice of Transcendent Healthcare of Boonville to assure that fuel fired boilers and water heaters have certificates of inspection in accordance with the regulation.** ***The correction action taken for those residents found to be affected by the deficient practice include:*** There are no specific residents identified. Please see under systems implemented to assure compliance with this tag. ***Other residents that have the potential to be affected have been identified by:*** Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag. ***The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:*** The fuel fired boilers and water heaters have been inspected and now have certificates in place. The routine inspections are now scheduled in accordance with the preventive maintenance schedule to assure that they are checked and certified in accordance with the regulation. The maintenance	07/29/2011

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	interview at the time of each observation, the Maintenance Supervisor acknowledged the expiration dates on each boiler and water heater and indicated he didn't think the boilers and water heaters had been inspected since the expiration dates. 3.1-19(b)		Director has been in-services related to the certification of these devices. ***The corrective action taken to monitor performance to assure compliance through quality assurance is:*** The fuel fired water heaters and boilers will be reviewed annually to assure that inspections and certificates occur in accordance with the regulation not to exceed every two years. The Maintenance Director, or designee, will be responsible for assuring that the certifications are kept current. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive maintenance documentation related to current certificates annually for compliance. ***The date the systemic changes will be completed:*** July 29, 2011	
K0144 SS=F	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. Based on observation and interview, the facility failed to ensure 1 of 1 emergency generators was equipped with a remote manual stop. LSC 7.9.2.3 requires emergency generators providing power to emergency lighting systems shall be installed, tested and maintained in accordance with NFPA 110,	K0144	**K144 It is the practice of Transcendent Healthcare of Boonville to assure that the generator is checked in accordance with the regulatory guidelines and is equipped with a remote manual stop. *The correction action taken for those residents found to be affected by the deficient practice include:*** There are no specific residents identified.	07/29/2011

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	Standard for Emergency and Standby Power Systems. NFPA 110, 1999 edition, 3-5.5.6 requires Level II installations shall have a remote manual stop station of a type similar to a break-glass station located elsewhere on the premises where the prime mover is located outside the building. NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, 1998 Edition, at 8-2.2(c) requires engines of 100 horsepower or more have provision for shutting down the engine at the engine and from a remote location. This deficient practice could affect all occupants in the facility. Findings include: Based on observation on 06/29/11 between 9:45 a.m. and 1:00 a.m. during a tour of the facility with the Maintenance Supervisor, a remote shut off device for the generator was not found. Based on interview at 12:15 p.m., the Maintenance Supervisor indicated the generator was over 100 horsepower, and		Please see under systems implemented to assure compliance with this tag. ***Other residents that have the potential to be affected have been identified by:*** Potentially all residents could be effected. Please refer to systems implemented to assure compliance with this tag. ***The measures or systematic changes that have been put into place to ensure that the deficient practice does not recur include:*** A remote shut off switch for the generator has been installed in accordance with the regulation. All staff will be in-serviced on the new installation of the remote shut off switch to assure that all staff would have knowledge of how to remotely stop the generator if necessary. ***The corrective action taken to monitor performance to assure compliance through quality assurance is:*** The newly installed remote shut off system will be monitored as part of the preventive maintenance plan. The Maintenance Director, or designee, will be responsible for assuring that the newly installed remote shut off for the generator is routinely checked and operational. Any identified issues will be immediately corrected. The Administrator, or designee, will review the preventive maintenance documentation quarterly for compliance. ***The date the systemic changes will***	

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	further indicated there was no remote shut off device for the generator. 3.1-19(b)		***be completed:*** July 29, 2011	